

11/20/99
JC672 U.S. PTOPlease type a plus sign (+) inside this box → PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. **Cyto001**First Inventor or Application Identifier **Howell, Mark D.**Title **Method for Enhancing Immune Responses.**Express Mail Label No. **EK035352100US****APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)

2. Specification [Total Pages **35**]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure

3. Drawing(s) (35 U.S.C. 113) [Total Sheets **3**]

4. Oath or Declaration [Total Pages]
 a. Newly executed (original or copy)
 b. Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 i. DELETION OF INVENTOR(S)
 Signed statement attached deleting
 inventor(s) named in the prior application,
 see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

NOTE FOR ITEMS 1 & 11: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

5. Microfiche Computer Program (Appendix)

6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 a. Computer Readable Copy
 b. Paper Copy (identical to computer copy)
 c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. Assignment Papers (cover sheet & document(s))
 8. 37 C.F.R. § 3.73(b) Statement Power of
(when there is an assignee) Attorney
 9. English Translation Document (if applicable)
 10. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS
Citations
 11. Preliminary Amendment
 12. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
 * Small Entity Statement(s) Statement filed in prior application,
(PTO/SB-09-12) Status still proper and desired
 13. Certified Copy of Priority Document(s)
(if foreign priority is claimed)
 14. Other:
.....

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation Divisional Continuation-in-part (CIP) of prior application No: _____ / _____

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)			or <input checked="" type="checkbox"/> Correspondence address below	
Name	Mark D. Howell				
Address	2401 Research Blvd., Suite 205				
City	Fort Collins	State	CO	Zip Code	80526
Country	USA	Telephone	970-416-8567		Fax 970-416-8568

Name (Print/Type)	Mark D. Howell	Registration No. (Attorney/Agent)	
Signature			
	Date 11-20-99		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 1999

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 680)

Complete if Known

Application Number	
Filing Date	November 20, 1999
First Named Inventor	Howell, Mark D.
Examiner Name	
Group / Art Unit	
Attorney Docket No.	Cyto001

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S-114
C678 U.S. P.T.O.
11/20/99

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number Deposit Account Name Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

2. Payment Enclosed:

 Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	760	201	380
106	310	206	155
107	480	207	240
108	760	208	380
114	150	214	75
SUBTOTAL (1)		(\$ 380)	

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
49	-20**	=29	x 9 = 261
Independent Claims 4	-3**	=1	x 39 = 39
Multiple Dependent			

**or number previously paid, if greater. For Reissues, see below

Large Entity Small Entity

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103	18	203
102	78	202
104	260	204
109	78	209
110	18	210
SUBTOTAL (2)		(\$ 680)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	380	216	190
117	870	217	435
118	1,360	218	680
128	1,850	228	925
119	300	219	150
120	300	220	150
121	260	221	130
138	1,510	138	1,510
140	110	240	55
141	1,210	241	605
142	1,210	242	605
143	430	243	215
144	580	244	290
122	130	122	130
123	50	123	50
126	240	126	240
581	40	581	40
146	760	246	380
149	760	249	380

Other fee (specify) _____

Other fee (specify) _____

SUBTOTAL (3) (\$)

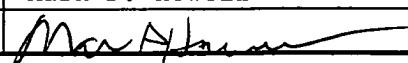
Reduced by Basic Filing Fee Paid

SUBMITTED BY

Name (Print/Type) Mark D. Howell

Registration No. (Attorney/Agent) _____

Telephone 970-416-8567

Signature 

Date November 20, 1999

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.